2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N9700000693 01-31-2008 90019 029 ****61.25 1. Entity Name SAC, INC. Principal Place of Business Mailing Address 400 - -300SANDPIPER DR **300SANDPIPER DR** VENICE, FL 34292 US VENICE, FL 34292 IES 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0738914 Applied For Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT E GORDON, ESQ Street Address (P.O. Box Number is Not Acceptable) ABEL BAND, CHARTERED 240 S PINEAPPLE AVE SARASOTA, FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when remates Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution, Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Detete **X** Addition ☐ Change NAME MELLOW, BARBARA WALLIN, CARMEN NAME STREET ADDRESS **408 LONEWOOD DR** STREET ADDRESS 430 BOXWOOD DR CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP VENICE FL34285 TITLE Delete mæ Change ☐ Addition NAME **BURCH, JOYCE** MANA 348 LONGWOOD DR STREET ADDRESS STREET ADDRESS CiTY-ST-7IP VENICE, FL 34285 CITY-ST-ZIP VP ☐ Detete TITLE TITLE To Channe ■ Addition MALDONATO, ANTHONY NAME NAME STREET ADDRESS 545 ASPEN AVE STREET ADDRESS CITY-ST-7IP VENICE, FL 34285 DTY-S1-7IP TITLE ☐ Delete TITLE Change ☐ Addition GOULD, ROBERT NA.LE STREET ADDRESS 429 BOXWOOD DR STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-77P TITLE ☐ Delete TITLE ☐ Change Addition PUFFER, ALICE RALPH H PUFFER NAME NAME 395 LONGWOOD DR 395 LUNGWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP VENICE FL 34285 ☐ Delete m e ☐ Chance Addition BREAME, PATRICIA NAME NAME 518 LONGWOOD DRIVE STREET ADORESS STREET ADDRESS VENICE, FL 34285 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Jan 31, 2008 8:00 am